



COCHISE COUNTY  
ELECTIONS DEPARTMENT  
POLITICAL COMMITTEE \$500 THRESHOLD STATEMENT  
[A.R.S. §516-902.01; 16-903(A)]

RECEIVED OCT 15 2015

ID# 2016-12	
NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) Jacqui Clay / School Superintendent	
DATE 15 Oct 15	
RESIDENCE ADDRESS (Number and Street) 7787 Windwalker way	CITY Hereford
MAILING ADDRESS (if different from above) P.O. Box 249	CITY Hereford
STATE AZ	ZIP 85615
STATE AZ	ZIP 85615
COMMITTEE TELEPHONE # 520 249-2443	COMMITTEE FAX #
COMMITTEE E-MAIL ADDRESS Jacquiclay007@gmail.com	
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? If yes, please provide the following information:	
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE
TYPE OF POLITICAL COMMITTEE - Please check only one box:	
<input checked="" type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE	
<input type="checkbox"/> EXPLORATORY COMMITTEE	
<input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES	
<input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE [A.R.S. §16-902.01(F)]	
<input type="checkbox"/> support or <input type="checkbox"/> opposition to this ballot measure	
<input type="checkbox"/> OTHER COMMITTEE (please describe below)	
<input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION	
<input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES	
<input type="checkbox"/> POLITICAL ORGANIZATION (an organization that is formally affiliated with and recognized by a political party including a district committee that is organized pursuant to A.R.S. §16-823)	
<input type="checkbox"/> POLITICAL PARTY (only state or county committees of an organization that meets the requirements for recognition as a political party (see A.R.S. §516-801, 16-804, 16-821 and 16-825))	
THE ABOVE NAMED COMMITTEE HEREBY ASSERTS THE FOLLOWING:	
➤ THE COMMITTEE HAS HERETOFORE NEITHER ACCEPTED ANY CONTRIBUTIONS NOR MADE ANY EXPENDITURES	
➤ THE COMMITTEE INTENDS TO RECEIVE OR EXPEND LESS THAN \$500	
➤ THE COMMITTEE WILL FILE A STATEMENT OF ORGANIZATION WITHIN FIVE BUSINESS DAYS AFTER EXPENDING OR RECEIVING MONIES OVER THE \$500 LIMIT PURSUANT TO A.R.S. §516-902.01 AND 16-903(A).	
Each Political Committee shall have a Chairman and Treasurer. The position of Chairman and Treasurer of a single Political Committee may not be held by the same individual, except that a Candidate may be Chairman and Treasurer of his or her own Campaign Committee [A.R.S. §16-902(A)].	
NAME OF COMMITTEE CHAIRMAN	CHAIRMAN'S TELEPHONE #
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different)	CHAIRMAN'S FAX #
CHAIRMAN'S OCCUPATION	CHAIRMAN'S EMPLOYER
NAME OF COMMITTEE TREASURER	TREASURER'S TELEPHONE #
TREASURER'S RESIDENCE ADDRESS (and mailing address if different)	TREASURER'S FAX #
TREASURER'S OCCUPATION	TREASURER'S EMPLOYER

FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (Party Affiliation and Office Sought are optional for Exploratory Committees.)			
NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI") <u>Jacqui Clay / School Superintendent</u>			
PARTY AFFILIATION <u>Republican</u>	OFFICE SOUGHT <u>School Superintendent</u>	COUNTY OF RESIDENCE <u>Cochise</u>	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS <u>P.O. Box 249</u>	CITY <u>Hereford</u>	STATE <u>AZ</u>	ZIP <u>85615</u>

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S STATEMENT: I authorize the above-named political committee as my political committee to receive Contributions and make expenditures on my behalf.

Date: 15 Oct 15 Candidate's or Designating Individual's signature: [Signature]  
(Signature cannot be digital)

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, have examined the information contained in this exemption statement and certify that it is true and complete.

Date: 15 Oct 15 Chairman's signature: [Signature]  
(Signature cannot be digital)

Date: 15 Oct 15 Treasurer's signature: [Signature]  
(Signature cannot be digital)